UNITED STATES DEPARTMENT OF THE INTERIOR, BUREAU OF LAND MANAGEMENT Carlsbad, NM 620 E. Greene St. (505) 234-5929, Fax (505)885-9264

<<< APPLICATION >>>

FOR CAVE ENTRANCE PERMIT(S)

COMPLETE THIS APPLICATION AND RETURN TO THE ABOVE ADDRESS ALLOW <u>TWO WEEKS</u> FOR PROCESSING. A SEPARATE PERMIT WILL BE SENT TO YOU.

<<<<<<<<	<<<<<<<<>>>>>>>	>>>>>>>>>	>>>>>>
CAVE NAME(S) AND INTERIOR DESTINATION(S)	INTENDED USE DATE	ALTERNATE DATES 2nd Choice	3rd Choice
PERSON TO BE CONTACTED IN CASI	E OF AN EMERGENCY:		
Area Code, Day and Night Phone Number	ers	Nar	ne, Address, Zip
TRIP LEADER (Must be 18 years or ol	der):		
1	Numbers	Na	ame, Address,
Names and Addresses of other people			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
* The consent of a parent or legal guardia proposed cave trip by their parent or legal REVERSE OF THIS APPLICATION.	an is for all individuals under 18 yeal guardian. PLEASE COMPLETE	E PARENTAL CONSENT SEC	ompanied on the
PURPOSE OF VISIT: Recreation P			oning
Administrative Other Describe		occurrent — carvey — map	YF"'19 —

PARENTAL OR LEGAL GUARDIAN CONSENT

As part of the application to enter the cave(s) administered by the Bureau of Land Management, <u>I consent</u> to allow my child to participate in the proposed cave trip. The <u>trip leader</u> named on this application from is delegated the responsibility for the care and instruction of my child while he or she is in the cave(s). By my signature on this form, I also agree on behalf of my child to be bound by the permit General Conditions and any Special Stipulations that will apply to authorization for the cave visit.

CHILD'S NAME AND AGE (Print)
1
2
3
4
5
6
7
8
9
10

SIGNATURE OF PARENT OR LEGAL GUARDIAN

CONTINUATION

THIS FORM IS NOT A PERMIT